

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 097830226	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51			
2		1		1			52			
3		1		1			53			
4		3		1			54			
5		1		1			55			
6		3		1			56			
7		3		1			57			
8		3		1			58			
9		3		1			59			
10		3		1			60			
11		3		1			61			
12		3		1			62			
13		1		1			63			
14	1		1				64			
15	1		1				65			
16	1		1				66			
17	3		1				67			
18	3		1				68			
19	3		1				69			
20	3		1				70			
21	3		1				71			
22	3		1				72			
23	3		1				73			
24	3		1				74			
25	1		1				75			
26	3		1				76			
27	1		1				77			
28	1		1				78			
29							79			
30	1		1				80			
31	3		1				81			
32	3		1				82			
33	1		1				83			
34	3		1				84			
35	3		1				85			
36	3		1				86			
37	3		1				87			
38	1		1				88			
39	1		1				89			
40	1		1				90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			4				TOTAL IND.			
TOTAL DEP.			30				TOTAL DEP.			
TOTAL CLAIMS		40					TOTAL CLAIMS		40	